

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1204

## 1. PLACE OF DEATH

County LacrosseRegistration District No. 399Township LacrossePrimary Registration District No. 1002City Kansas City(No. 1023 Woodland)

File No.

Registered No. 242

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 1023 Woodland St. 2 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 55 MONTHS 6 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Only Trucking  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo.13. NAME Edward Garrett14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) 215. MAIDEN NAME Annie Marshall16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 117. INFORMANT Messie O. Smith (ADDRESS) 1807 E. 11th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland DATE 1-21-193219. UNDERTAKER Halkins Bros. Undr. Co. (ADDRESS) 1729 E. 11th St.20. FILED Jan 21 1932 M. M. Cronin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-32

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 1-18-32, to 1-18-32, 19\_\_\_\_, 19\_\_\_\_

Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:  
Religious Interference  
23A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) Deputy Coroner

